

# SARBS CHECK REQUEST FORM

SANTA ANA RIVER BASIN SECTION - SARBS  
CALIFORNIA WATER ENVIRONMENT ASSOCIATION - CWEA

DATE: \_\_\_\_\_

Requested By: \_\_\_\_\_

Amount: \_\_\_\_\_

Signature: \_\_\_\_\_

Payee: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer use only - Copies
[ ] CWEA Files
[ ] SARBS Files
[ ] Other _____

Purpose: \_\_\_\_\_

Please circle the expense category corresponding to this check request.

**SARBS Training – TCP**

**SARBS/PDC Misc. Expense**

Bank Charges

**SARBS/PDC Lunch**

**SARBS/PDC Training Expense**

**SARBS Office Supplies**

**SARBS Printing**

THE CLARIFIER

Other Printing

**SARBS Mailing/Postage**

THE CLARIFIER

Other Mailing/Postage

**SARBS Board Meeting**

**SARBS Committee Meeting**

**SARBS Dinner Meeting**

**SARBS Lunch Meeting**

(Circle month of above meeting)

January

February

March

April

May

June

July

August

September

October

November

December

**SARBS Awards**

**SARBS Special Events**

Picnic

Banquet

Baseball

Other

**SARBS Miscellaneous Expense**

Bank Charges

Gifts

Donations (Scholar. Fund)

Membership Reimbursement

**SARBS Training**

Other

Please keep the following in mind when submitting an expense for reimbursement:

- All requests must be accompanied by a receipt if the check is payable to the requester.
- All requests must be for valid SARBS business.
- Whenever possible a check should be requested in advance. A bill or quotation must be attached to the request. The check will then be made payable to the vendor. A paid receipt should then be submitted.
- For meals, state the business purpose in attending the meal and list those present in the group on the back of this form or an attached sheet.
- Please allow a minimum of two weeks for processing and mailing.

DATE PAID: \_\_\_\_\_

CHECK NUMBER: \_\_\_\_\_

APPROVALS  
SIGNATURE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

SARBS Treasurer: Nang Mwe  
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Address: 15510-C Rockfield Blvd, Suite 200  
Irvine, CA 92618

POSITION: \_\_\_\_\_